

**Fee Account no.**

Value

SEAL

Issue date

£

Claim no.

Particulars of Claim (attached)

Statement of Truth

*(I believe)(The Part 20 claimant believes) that the facts stated in these particulars of claim are true.

* I am duly authorised by the Part 20 claimant to sign this statement.

Full name _____

Name of Part 20 claimant's legal representative's firm _____

signed _____ position or office held _____

*(Part 20 claimant)(Litigation friend)
(Legal representative's solicitor)

(if signing on behalf of firm or company)

**delete as appropriate*

Part 20 claimant ('s legal representative's) address to which documents or payments should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.